



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

Med-QUEST Division
Health Care Services Branch
Quality and Member Relations Improvement Section
P.O. Box 700190
Kapolei, Hawaii 96709-0190

December 29, 2021

MEMORANDUM

MEMO NO.

QI-2145 [Replaces QI-1909]

CCS-21-12 [Replaces CCS-1902]

TO: QUEST Integration (QI) Health Plans
'Ohana Community Care Services (CCS)

FROM: Judy Mohr Peterson, PhD 
Med-QUEST Division Administrator

SUBJECT: REVISED GRIEVANCES AND APPEALS TEMPLATES

The purpose of this memorandum is to notify the health plans that this memo replaces QI-1909 and CCS-1902 which was previously issued on May 29, 2019. The following updated content will apply under the QI contract RFP-MQD-2021-008 and CCS Contract RFP-MQD-2021-010.

The Department of Human Services, Med-QUEST Division (MQD) is issuing this memorandum to provide QUEST Integration (QI) and Community Care Services (CCS) health plans with revised grievances and appeals templates.

The revisions include the following:

- 1) MQD discontinued the memo templates, previously 'B' templates.
- 2) Template 1A explains that an Appointment of Representative (AOR) form is required if another individual other than the member is able to receive the resolution of the grievance.
- 3) Template 2A explains that an Appointment of Representative (AOR) form is required if another individual verbally requests an appeal on behalf of the member and the health plan does not receive verbal or written consent from the member.
- 4) Template 4A is discontinued to align with 42 CFR §438.402(c)(3), that states members may request an appeal and grievance verbally.

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- 5) MQD added a new template to align with 42 CFR §438.408(c)(1), that states members or health plans may extend a grievance resolution by an additional 14 calendar days. The new template is 5b – Extension of Grievance Resolution.

The attached templates are to be implemented effective immediately. Health plans must ensure that all MQD requirements are maintained if revising the templates.

Health plans shall perform the 6.9 or below readability check on only the sections of the template that require insertion of information to complete the section. The template wording issued from MQD should not be included in the readability check.

Please contact Jon Fujii via e-mail at jfujii@dhs.hawaii.gov. should you have any questions.

Attachments:

- 1A Acknowledgement of Appeal – Letter (rev 09/2021)
- 2A Acknowledgement of Grievance – Letter (rev 09/2021)
- 3 Appointment of Representative
- 4A Denial of Fast Appeal – Letter (rev 05/2019)
- 5A Extension of Appeal Resolution – Letter (rev 04/2019)
- 5B Extension of Grievance Resolution – Letter (rev 09/2021)
- 6A Notice of Adverse Benefit Determination – Denial of Payment Template – Letter (rev 05/2019)
- 7A Resolution of Appeal – Letter (rev 05/2019)
- 8A Resolution of Fast Appeal – Letter (rev 05/2019)
- 9A Verbal Verification – Letter (rev 05/2019)
- 10A Resolution of Grievance – Letter (rev 05/2019)
- 11A Notice of Adverse Benefit Determination – Denial of Service Template – Letter (rev 05/2019)
- 12A Notice of Adverse Benefit Determination – Denial of Service Authorization – Letter (rev 05/2019)